Children with Life Limiting Illness (CLLI) Waiver (Previously the Pediatric Hospice Waiver)*



Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2021	_	Rate ffective /01/2021	Unit Value	Comments
Expressive Therapy						0.,		0.1			
Art and Play Therapy	H2032	UD	НА			\$	16.18	\$	16.58	15 Minutes	Combined maximum of
Art and Play Therapy Group	H2032	UD	НА	HQ		\$	9.05	\$	9.28	15 Minutes	156 units (39 hours) for all Expressive Therapy
Music Therapy	H2032	UD				\$	16.18	\$	16.58	15 Minutes	services per Service Plan
Music Therapy Group	H2032	UD	HQ			\$	9.05	\$	9.28	15 Minutes	year.
Integrative Therapy											
Massage Therapy	97124	UD				\$	18.06	\$	18.51	15 Minutes	Maximum of 96 units (24 hours) per Service Plan year
Palliative/Supportive Car	e Skilled										
Care Coordination	G9012	UD				\$	20.55	\$	21.06	15 Minutes	
Pain and Symptom Management	S9123	UD				\$	77.50	\$	79.44	Hour	
Respite Services											
Unskilled(4 hours or less), Base Rate	S5150	UD				\$	5.50	\$	5.76	15 Minutes	
Unskilled(4 hours or less), Rate Enhancement	S5150	UD	TU			\$	-	\$	1.41	15 Minutes	
Unskilled (4 hours or more), Base Rate	S5151	UD				\$	98.95	\$	103.52	Day	
Unskilled (4 hours or more), Rate	S5151	UD	TU			\$	-	\$	25.39	Day	
Enhancement CNA (4 hours or less), Base Rate	T1005	UD				\$	7.21	\$	7.55	15 Minutes	
CNA (4 hours or less), Rate Enhancement	T1005	UD	TU			\$	-	\$	1.84	15 Minutes	
CNA (4 hours or more), Base Rate	S9125	UD				\$	128.11	\$	134.02	Day	Combined maximum of
CNA (4 hours or more), Rate Enhancement	S9125	UD	TU			\$	-	\$	32.80	Day	30 calendar days per Service Plan year for all
Skilled RN, LPN (4 hours or less), Base Rate	T1005	UD	TD			\$	15.68	\$	16.41	15 Minutes	Respite Care services.
Skilled RN, LPN (4 hours or less), Rate Enhancement	T1005	UD	TD	TU		\$	-	\$	4.02	15 Minutes	
Skilled RN, LPN (4 hours or more), Base Rate	S9125	UD	TD			\$	282.06	\$	295.07	Day	
Skilled RN, LPN (4 hours or more), Rate Enhancement	S9125	UD	TD	TU		\$	-	\$	72.42	Day	
Camp (Group, Overnight), Base Rate	T2037	UD				\$	199.58	\$	208.78	Day	
Camp (Group, Overnight), Rate Enhancement	T2037	UD	TU			\$	-	\$	51.25	Day	
Therapeutic Services											



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Bereavement Counseling	S0257	UD	HK		\$ 1,126.44	\$ 1,154.60	Lump Sum	One time lump sum payment per client.
Therapeutic Life Limiting Illness Support-Individual	S0257	UD			\$ 25.12	\$ 25.75	15 Minutes	Combined maximum of 392 units (98 hours) per Service Plan year.
Therapeutic Life Limiting Illness Support-Family	S0257	UD	HR		\$ 25.12	\$ 25.75	15 Minutes	
Therapeutic Life Limiting Illness Support-Group	S0257	UD	HQ		\$ 14.82	\$ 15.19	15 Minutes	

	Legend							
HA	Child/adolescent program							
HK	Specialized Mental Health services for high risk populations							
HQ	Group Setting							
HR	Relative providing care							
TD	RN providing care							
UD	Children with Life Limiting Illness							







Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	ate ective 1/2021	 Rate ffective /01/2021	Unit Value	Comments
Case Management	T1016	U5				\$	8.85	\$ 9.07	15 minutes	
IHSS Health Maintenance, Outside Denver County	H0038	U5				\$	7.44	\$ 7.78	15 minutes	
IHSS Health Maintenance, Denver County	H0038	U5				\$	7.57	\$ 7.92	15 minutes	

	Legend
U5	Children's HCBS

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

www.colorado.gov/hcpf

Children's Habilitation Residential Program (CHRP) Waiver

COLORADO Department of Health Care Policy & Financing

Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2021		Rate ffective /01/2021	Unit Value	Comments
Foster Home						UII	01/2021	U1	70 17202 1		
Foster Home Level 1	H0041	U9				\$	56.10	\$	57.50	Day	
Foster Home Level 2	H0041	U9	22			\$	90.63	\$		Day	
Foster Home Level 3	H0041	U9	TF			\$	110.74	\$	113.51	Day	
Foster Home Level 4	H0041	U9	TF	22		\$	134.85	\$	138.22	Day	
Foster Home Level 5	H0041	U9	TG			\$	154.92	\$	158.79	Day	
Foster Home Level 6	H0041	U9	TG	22		\$	194.73	\$	199.60	Day	
Group Home	<u> </u>									<u> </u>	•
Group Home Level 1	T2016	U9				\$	82.26	\$	84.32	Day	
Group Home Level 2	T2016	U9	22			\$	108.29	\$	111.00	Day	
Group Home Level 3	T2016	U9	TF			\$	127.57	\$		Day	
Group Home Level 4	T2016	U9	TF	22		\$	150.69	\$		Day	
Group Home Level 5	T2016	U9	TG			\$	166.48	\$		Day	
Group Home Level 6	T2016	U9	TG	22		\$	196.31	\$		Day	
Residential Child Care Fa	acility (R	CCF)								<u> </u>	
RCCF Level 1	T2016	U9	НА			\$	510.35	\$	523.11	Day	
RCCF Level 2	T2016	U9	НА	TJ		\$	531.95	\$	545.25	Day	
RCCF Level 3	T2016	U9	НА	TF		\$	559.95	\$		Day	
RCCF Level 4	T2016	U9	НА	TG		\$	589.00	\$	603.73	Day	Effective 01/01/2021
RCCF Level 5	T2016	U9	НА	TT		\$	619.99	\$	635.49	Day	
RCCF Level 6	T2016	U9	НА	22			NR*		NR*	Day	1
Intensive Support Servic	es									<u> </u>	
Wraparound Plan	H2021	U9	НІ	TL		\$	27.21	\$	27.89	15 Minutes	
Prevention and Monitoring	H2021	U9	НІ	HN		\$	27.21	\$	27.89	15 Minutes	
Child and Youth Mentorship	H2021	U9	HI	НМ		\$	7.53	\$	7.72	15 Minutes	
Professional Services	_										
Hippo Therapy	S8940	U9				\$		\$	21.98	15 Minutes	
Hippo Therapy Group	S8940	U9	HQ			\$	9.11	\$	9.34	15 Minutes	
Movement Therapy- Bachelors	G0176	U9				\$	16.10	\$	16.50	15 Minutes	
Movement Therapy- Masters	G0176	U9	22			\$	23.59	\$	24.18	15 Minutes	
Massage Therapy	97124	U9				\$	18.93	\$	19.40	15 Minutes	
Respite Care										T	
Individual - In Family Home Base Rate	S5150	U9	НА			\$	5.35	\$	5.60	15 Minutes	
Individual - In Family Home Rate Enhancement	S5150	U9	НА	TU		\$	-	\$	1.37	15 Minutes	Use Individual Day rate when Respite services
Individual Day - In Family Home Base Rate	S5151	U9	НА			\$	211.58	\$	221.33	Day	exceed 40 units (10 hours) in a 24 hour period. No more than 7



Children's Habilitation Residential Program (CHRP) Waiver



Rates Effective July 1, 2021-June 30, 2022

Individual Day - In Family Home Rate Enhancement	S5151	U9	НА	TU	\$	-	\$ 54.33	Day	consecutive days per month and not to exceed 28 days in a calendar
Individual - In Residential Settings	S5150	U9	Ī		\$	5.35	\$ 5.48	15 Minutes	year.
Individual Day - In Residential Settings	S5151	U9	Ξ		\$	211.58	\$ 216.87	Day	
Community Connector	H2021	U9			\$	9.85	\$ 10.31	15 Minutes	Limited to 1040 units or 260 hours per year Effective November 30, 2020
Transition Support Servi	ces								
Wraparound Plan	H2021	U9	HA	TL	\$	27.21	\$ 27.89	15 Minutes	
Prevention and Monitoring	H2021	U9	НА	HN	\$	27.21	\$ 27.89	15 Minutes	
Child and Youth Mentorship	H2021	U9	НА	НМ	\$	7.53	\$ 7.72	15 Minutes	

	Legend								
22	(CPT Defn: Increased procedural services)								
НА	Child/Adolescent Program								
HQ	Group Setting								
HR	Relative providing care								
TF	Intermediate Level of Care								
TG	Complex/High Tech Level of Care								
TJ	Program Group, Child and/or Adolescent								
TT	Individualized service provided to more than one patient in same setting								
U9	Children's Habilitation Residential Program								

Version: 1.4

Date: 1/18/2022

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ADJUSTMENT TABLE										
WAIVER TYPE	PERCENT	MULTIPLIER								
WAIVER TYPE	CHANGE	WIOLITPLIER								
Across the Board Increase Effect	ive July 1, 20)21								
HCBS EBD	2.500%	1.02500								
HCBS CMHS	2.500%	1.02500								
HCBS BI	2.500%	1.02500								
HCBS SCI	2.500%	1.02500								
HCBS DD	2.500%	1.02500								
HCBS SLS	2.500%	1.02500								
HCBS/DDD/DHS CES	2.500%	1.02500								
HCBS/DDD/DHS CLLI	2.500%	1.02500								
HCBS/DDD/DHS CHCBS	2.500%	1.02500								
HCBS/DDD/DHS CHRP	2.500%	1.02500								
American Rescue Plan Act Increase	2.110%	1.02110								
American Rescue Plan Act Increase,										
Respite Services	25.000%	1.25000								













